

For Office Use Only

☐ Hauppauge Intake

☐ Riverhead Intake

**\*\*\*Complete this section only if your complaint is related to EMPLOYMENT\*\*\***

**Respondent Information**

*What is the name and address of the company or organization that you have a complaint about?*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Street

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

*Name and job title of the person you have a complaint about:*

Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Date you were hired: \_\_\_\_\_ Your Job Title: \_\_\_\_\_ Union: [   ] Yes or [   ] No

Approx. Number of Employees: \_\_\_\_\_ Last day of employment: \_\_\_\_\_

If terminated, Date notified of termination: \_\_\_\_\_

Date of the last incident of Discrimination: \_\_\_\_\_

Briefly describe what happened to you. (Further details can be provided at your intake interview.)

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What are you seeking as a resolution of this matter?

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Have you filed a complaint with any other agency or court on this matter? [   ] Yes [   ] No

If so, what agency or court? \_\_\_\_\_

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**\*\*\*Complete this section only if your complaint is related to HOUSING\*\*\***

*What is the name and address of the person, company/organization that you have a complaint about?*

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

Street

Phone: (    ) \_\_\_\_\_

City

State

Zip

*If you are complaining about a company or an organization, list the name(s) and titles(s) of the person(s) within that company/organization who caused you the problem:*

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*What did the person, company/organization do to you?*

☐ Refused to Rent                      ☐ Refused to Sell                      ☐ Refused to Show Premises  
☐ Refused to Finance                      ☐ Evicted                      ☐ Other: \_\_\_\_\_

Original (first) date of discrimination: \_\_\_\_\_

Most recent date of discrimination: \_\_\_\_\_

Site/County of alleged discrimination: \_\_\_\_\_

Briefly describe what happened to you. (Further details can be provided at your intake interview.)

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What are you seeking as a resolution of this matter? \_\_\_\_\_

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Have you filed a complaint with any other agency or court on this same matter? ☐ Yes ☐ No

If so, what agency or court? \_\_\_\_\_

**Complete this section only if your complaint is related to discrimination in a**

**\*\*\*PUBLIC ACCOMMODATION, EDUCATION OR CREDIT\*\*\***

*What is the name and address of the company/organization that you have a complaint about?*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
City State Zip Phone: ( ) \_\_\_\_\_

*If known, list the name(s) and titles(s) of the person(s) within that company/organization who caused you the problem:*

\_\_\_\_\_  
\_\_\_\_\_

*What kind of company/organization are you complaining about?*

☐ Restaurant    ☐ Store    ☐ School    ☐ Government Agency    ☐ Club  
☐ Bank    ☐ Non-Profit Agency    ☐ Other \_\_\_\_\_

*What happened to you?(check all that apply)*

☐ Denied Service    ☐ Denied Membership    ☐ Membership Terminated  
☐ Denied Accommodation    ☐ Unequal Treatment    ☐ Denied Credit/Loans  
☐ Denied Application    ☐ Suspended from School    ☐ Other: \_\_\_\_\_

Original (first) date of discrimination: \_\_\_\_\_

Most recent date of discrimination: \_\_\_\_\_

Site/County of alleged discrimination: \_\_\_\_\_

Briefly describe what happened to you. (Further details can be provided at your intake interview.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are you seeking as a resolution of this matter? \_\_\_\_\_

\_\_\_\_\_

Have you filed a complaint with any other agency or court on this same matter? ☐ Yes ☐ No

If so, what agency or court? \_\_\_\_\_

*Please read the following information carefully, and sign below to authorize an investigation of your complaint. If you have any questions about this section, please see a Commission Investigator, who will be happy to provide further clarification about our procedures.*

I have been advised of the Commission's procedures and I understand that this information sheet is not a formal complaint.

I request that the Suffolk County Human Rights Commission take whatever action they deem necessary in their investigation, and in so doing, I hereby give my authorization to release information contained in this form to any persons necessary. I also authorize the Commission to review my personnel records, medical records or other pertinent records, and receive copies therein, as well as to obtain any other information, which may be requested in the investigation of these allegations.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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**Name, address, and telephone number of someone who will always know how to reach you, if we have to contact you about your case:**

Name: \_\_\_\_\_

Street: \_\_\_\_\_

City /State/ Zip: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

How did you learn about the Suffolk County Human Rights Commission? \_\_\_\_\_

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